

FILED

Ohio Campaign Finance Report

06 JUN -8 AM 9:07

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
ELECTIONS

Full Name of Committee White for Judge Committee							<input type="checkbox"/> Registration Number, if PAC			
Full Name of Candidate Angela Phelps White										
Street Address 4333 Reed Road					Office Sought FCCP Judge			District		
City Columbus							State O	H	Zip Code 43220	
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		Pre-General		Post-General		Annual Year
	July			August		September		Termination		Semiannual
Monthly			Monthly		Monthly					
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M	D	Y
						0	5	0	2	0 6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 2,795.00
2. Total monetary contributions (From Form No. 31-A)	\$ 14,033.06
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 16,828.06
5. Total monetary expenditures (From Form No. 31-B)	\$ 914.94
6. Balance on hand (line 4 minus line 5)	\$ 15,913.12
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 2,101.25
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Karen Held Phipps Deputy Trsr.

Signature

06.08.06

Date

Contribution pages 16

Expenditure pages 2

Other pages 1

Total pages 19

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee							
Full Name of Contributor Karen A. Pettiford						Registration Number, if PAC	
Street Address 7858 Burrwood St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin		State O H	Zip Code 43016	M 0	D 4	Y 2	Amount 75.00
Full Name of Contributor Kari B. Hertel						Registration Number, if PAC	
Street Address 4607 Wuertz Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin		State O H	Zip Code 43016	M 0	D 4	Y 1	Amount 50.00
Full Name of Contributor David A. Bressman						Registration Number, if PAC	
Street Address 3011 Bethel Rd., Ste. 104			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43220	M 0	D 4	Y 2	Amount 150.00
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff LLP						Registration Number, if PAC	
Street Address 88 East Broad St., Ste. 900			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43215	M 0	D 5	Y 2	Amount 300.00
Full Name of Contributor Robert J. Weiler						Registration Number, if PAC	
Street Address 41 S. High St., Ste. 1010			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43215	M 0	D 5	Y 1	Amount 200.00
Full Name of Contributor Melissa Lyn Wilburn						Registration Number, if PAC	
Street Address 2511 Hyacinth Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43235	M 0	D 5	Y 1	Amount 100.00
Full Name of Contributor Reminger & Reminger Co. LPA, Ohio Political Action Committee						Registration Number, if PAC CP495	
Street Address 1400 Midland Bldg., 101 Prospect Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cleveland		State O H	Zip Code 44115	M 0	D 5	Y 1	Amount 500.00
Full Name of Contributor John W. Royer						Registration Number, if PAC	
Street Address 10 W. Broad St., Ste. 1550			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43215	M 0	D 5	Y 2	Amount 100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee						
Full Name of Contributor J. Tullis Rogers (court appointed)					Registration Number, if PAC	
Street Address 3845 Northbank Road			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Millersport	State O H	Zip Code 43046	M 0	D 5	Y 3	Amount 100.00
Full Name of Contributor Charles C. Postlewaite, LLC					Registration Number, if PAC	
Street Address 3040 Riverside Drive, Ste. 122			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 0	D 5	Y 3	Amount 500.00
Full Name of Contributor Total Contributions from Form No. 31-E for 04.13.06 event.					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 4,520.00
Full Name of Contributor Total Contribution from Form No. 31-E for 04.20.06 event.					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 6,433.06
Full Name of Contributor Total Contributions from Form 31-E for 05.04.06 event.					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 1,005.00
Full Name of Contributor					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R. C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full White for Judge Committee											
To Whom Paid Helen MacMurray						M	D	Y	Amount		
						0	3	2	8	06	587.13
Address 65 E. State St., Ste. 1800				Purpose Reimbursement for CBA Mailing List							
City Columbus		State <input type="radio"/> O <input type="radio"/> H		Zip Code 43215		Check Number 1001					
To Whom Paid Javier H. Armengau						M	D	Y	Amount		
						0	6	0	4	06	50.00
Address 536 S. High St.				Purpose Refund excess contribution.							
City Columbus		State <input type="radio"/> O <input type="radio"/> H		Zip Code 43215		Check Number 1006					
To Whom Paid Joseph Scott						M	D	Y	Amount		
						0	6	0	7	06	277.81
Address 35 E. Livingston Ave.				Purpose Refund excess contribution. (in-kind)							
City Columbus		State <input type="radio"/> O <input type="radio"/> H		Zip Code 43215		Check Number 1007					
To Whom Paid						M	D	Y	Amount		
Address											
City		State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount		
Address											
City		State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount		
Address											
City		State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount		
Address											
City		State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount		
Address											
City		State		Zip Code		Check Number					

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
White for Judge Committee							
Full Name of Contributor Frank Ray							
Street Address 2030 Tremont Road				0	4	0	150.00
City Columbus	State OH	Zip Code 43221					
				Form(Cash, Check, etc) check			
Full Name of Contributor Shawn R. Dominy (court appointed)							
Street Address 500 West Wilson Bridge Rd., Ste. 110				0	4	1	150.00
City Worthington	State OH	Zip Code 43085					
				Form(Cash, Check, etc) check			
Full Name of Contributor John H. Bates (court appointed)							
Street Address 495 S. High St., Ste. 400				0	4	1	150.00
City Columbus	State OH	Zip Code 43215					
				Form(Cash, Check, etc) check			
Full Name of Contributor Edwin L. Malek							
Street Address 1227 South High St.				0	4	1	160.00
City Columbus	State OH	Zip Code 43206					
				Form(Cash, Check, etc) check			
Full Name of Contributor Woody Fox, Jr.							
Street Address 10575 Duncan Plain Road				0	4	1	150.00
City Johnstown	State OH	Zip Code 43031					
				Form(Cash, Check, etc) cash			
Full Name of Contributor Michael Siewert							
Street Address 307 Livingston Ave.				0	4	1	150.00
City Columbus	State OH	Zip Code 43215					
				Form(Cash, Check, etc) cash			
Full Name of Contributor Lewis Dye (court appointed)							
Street Address 555 s. 3rd St.				0	4	1	150.00
City Columbus	State OH	Zip Code 43215					
				Form(Cash, Check, etc) cash			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,060.00

Page Total \$ 1,060.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee							
Full Name of Contributor William Settina				Registration Number, if PAC			
Street Address 729 S. 3rd St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	4	1306	
				Form(Cash, Check, etc) cash			160.00
Full Name of Contributor Shroyer & Abraham Co., LPA							
Street Address 536 South High St.				Registration Number, if PAC			
Street Address 536 South High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	4	1306	
				Form(Cash, Check, etc) check			300.00
Full Name of Contributor Smith Phillips & Assoc. Co. LPA							
Street Address 6660 N. High St., Ste. 3F				Registration Number, if PAC			
Street Address 6660 N. High St., Ste. 3F		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Worthington		State O H	Zip Code 43085	0	4	1306	
				Form(Cash, Check, etc) check			150.00
Full Name of Contributor Joseph E. Scott Co., LPA							
Street Address 35 E. Livingston Ave.				Registration Number, if PAC			
Street Address 35 E. Livingston Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	4	1306	
				Form(Cash, Check, etc) check			150.00
Full Name of Contributor Zeiger, Tigges & Little LLP							
Street Address 41 South High St., Ste. 3500				Registration Number, if PAC			
Street Address 41 South High St., Ste. 3500		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	4	1306	
				Form(Cash, Check, etc) check			500.00
Full Name of Contributor Toki M. Clark (court appointed)							
Street Address 233 S. High St., 3rd Floor				Registration Number, if PAC			
Street Address 233 S. High St., 3rd Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	4	1306	
				Form(Cash, Check, etc) check			150.00
Full Name of Contributor Frederick D. Benton, Jr. (court appointed)							
Street Address 786 S. Front St., Ste. 204				Registration Number, if PAC			
Street Address 786 S. Front St., Ste. 204		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43206	0	4	1306	
				Form(Cash, Check, etc) check			150.00

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

Total expenditures this event

Page Total \$ 1,560.00

Page Total \$ 1,560.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3105

Name of Committee in Full White for Judge Committee					
Full Name of Contributor Matthew S. Halley (court appointed)				Registration Number, if PAC	
Street Address 52 W. Whitter St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form(Cash, Check, etc) check	
Full Name of Contributor William S. Ireland				Registration Number, if PAC	
Street Address 1227 Oxley Road		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43212		Form(Cash, Check, etc) check	
Full Name of Contributor Trudy Angel				Registration Number, if PAC	
Street Address 3449 Jillmarie Court		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43221		Form(Cash, Check, etc) check	
Full Name of Contributor Adam Lee Neman (court appointed)				Registration Number, if PAC	
Street Address 399 East Welch Ave		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43207		Form(Cash, Check, etc) check	
Full Name of Contributor Umburto A. Debeneditto, Jr. (court appointed)				Registration Number, if PAC	
Street Address 2176 Victoria Park Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43235		Form(Cash, Check, etc) check	
Full Name of Contributor Paul Morrison (court appointed)				Registration Number, if PAC	
Street Address 1001 Esther Dr		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43207		Form(Cash, Check, etc) check	
Full Name of Contributor Pam Erdy				Registration Number, if PAC	
Street Address 518 N. Park St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,050.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
White for Judge Committee			
Full Name of Contributor Steven Larson (court appointed)		Registration Number, if PAC	
Street Address 518 N. Park St.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State Zip Code O H 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Javier H. Armengau (court appointed)		Registration Number, if PAC	
Street Address 857 S. High St.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 3 0 6	Amount 250.00
City Columbus	State Zip Code O H 43206	Form(Cash, Check, etc) check	
Full Name of Contributor David Young (court appointed)		Registration Number, if PAC	
Street Address 495 S. High St.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State Zip Code O H 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Crysta Pennington (court appointed)		Registration Number, if PAC	
Street Address 3055 Cleveland Ave.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State Zip Code O H 43224	Form(Cash, Check, etc) check	
Full Name of Contributor Christopher Cooper (court appointed)		Registration Number, if PAC	
Street Address 3055 Cleveland Ave.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State Zip Code O H 43224	Form(Cash, Check, etc) check	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form(Cash, Check, etc)	

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Total contributions this event

4,520.00

Total expenditures this event

0.00

Page Total \$ 850.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
White for Judge Committee						
Full Name of Contributor				Registration Number, if PAC		
Brandi Laser-Seskes						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4379 Leppert Road			0	4	2006	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Hilliard	O H	43026	check			
Full Name of Contributor				Registration Number, if PAC		
Steve Stivers						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
372 W. 2nd Ave.			0	4	2006	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43201	check			
Full Name of Contributor				Registration Number, if PAC		
Andre T. Porter						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2963 Barclay Sq. N.			0	4	2006	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43209	check			
Full Name of Contributor				Registration Number, if PAC		
Megan J. Browning						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
695 Hartford St.			0	4	2006	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Worthington	O H	43085	check			
Full Name of Contributor				Registration Number, if PAC		
Cassandra L. Hicks						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
670 Frances Court			0	4	2006	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Gahanna	O H	43230	check			
Full Name of Contributor				Registration Number, if PAC		
William M. Todd						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6911 Lauren Place			0	4	2006	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43235	check			
Full Name of Contributor				Registration Number, if PAC		
Robert Gray Palmer						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
185 Rustic Place			0	4	2206	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43214	check			

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Total contributions this event

Total expenditures this event

Page Total \$ 1,050.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3105

Name of Committee in Full White for Judge Committee					
Full Name of Contributor Sheila Panchal Vitale				Registration Number, if PAC	
Street Address 879 Aylesbury Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Gahanna	State O H	Zip Code 43230		Form(Cash, Check, etc) check	
Full Name of Contributor Peter A. Rosato				Registration Number, if PAC	
Street Address 263 Weatherburn Court		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Powell	State O H	Zip Code 43065		Form(Cash, Check, etc) check	
Full Name of Contributor Mary Cole Mertz				Registration Number, if PAC	
Street Address 2137 Castle Crest Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Worthington	State O H	Zip Code 43085		Form(Cash, Check, etc) check	
Full Name of Contributor Thomas R. Waldeck (court appointed)				Registration Number, if PAC	
Street Address 1027 Peggys Cove		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash, Check, etc) check	
Full Name of Contributor Elise Delanglade-Spriggs				Registration Number, if PAC	
Street Address 4653 Bosart Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 50.00
City Springfield	State O H	Zip Code 45503		Form(Cash, Check, etc) check	
Full Name of Contributor Robert W. Cheugh II				Registration Number, if PAC	
Street Address 1096 Forest Glen Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Westerville	State O H	Zip Code 43081		Form(Cash, Check, etc) check	
Full Name of Contributor Charles J. Kegler				Registration Number, if PAC	
Street Address 65 E. State St., Ste. 1800		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) check	

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Total contributions this event

Total expenditures this event

Page Total \$ 950.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee					
Full Name of Contributor Charles H. Cooper, Jr.				Registration Number, if PAC	
Street Address 514 Stevenson Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Worthington		State O H	Zip Code 43085	Form(Cash, Check, etc) check	
Full Name of Contributor Michael E. Minister				Registration Number, if PAC	
Street Address 65 E. State St., Ste 2100		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Paul Daniel Ritter, Jr.				Registration Number, if PAC	
Street Address 65 E. State St.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Myron Shwartz				Registration Number, if PAC	
Street Address 501 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Gallagher, Gams, Pryor, Tallan & Littrell, LLP				Registration Number, if PAC	
Street Address 471 E. Broad St., 19th Floor		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Gerald T. Sunbury (court appointed)				Registration Number, if PAC	
Street Address 495 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 6 0 6	Amount 150.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co., LPA; Political Action Co				Registration Number, if PAC CP-1058	
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 1,500.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee					
Full Name of Contributor Bailey Cavalieri LLC			Registration Number, if PAC		
Street Address 10 West Broad St., Ste. 2100		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 6	Amount 300.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) check	
Full Name of Contributor Calfee, Halter/Green Fund for Good Government			Registration Number, if PAC C00351635		
Street Address 800 Superior Ave., Ste. 1400		Employer/Occupation/Labor Organization*		M D Y 0 5 0 2 0 6	Amount 500.00
City Cleveland	State O H	Zip Code 44114		Form(Cash, Check, etc) check	
Full Name of Contributor George W. Hairston			Registration Number, if PAC		
Street Address 10933 Morse Rd. SW		Employer/Occupation/Labor Organization*		M D Y 0 5 1 1 0 6	Amount 100.00
City Pataskala	State O H	Zip Code 43062		Form(Cash, Check, etc) check	
Full Name of Contributor Elizabeth Thym Smith			Registration Number, if PAC		
Street Address 157 Highmeadow Drive		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 500.00
City Gahanna	State O h	Zip Code 43230		Form(Cash, Check, etc) check	
Full Name of Contributor Vorys Sater Seymour & Peas LLP, Advocates for Effective Governme			Registration Number, if PAC OH108		
Street Address 52 E. Gay St.		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 1,000.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) check	
Full Name of Contributor Aaron Rosenfeld			Registration Number, if PAC		
Street Address 2780 Elm Ave.		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 25.00
City Columbus	State O H	Zip Code 43209		Form(Cash, Check, etc) check	
Full Name of Contributor David S. Cupps			Registration Number, if PAC		
Street Address 2471 Sheringham Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43220		Form(Cash, Check, etc) check	

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Total contributions this event

Total expenditures this event

Page Total \$ 2,525.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee					
Full Name of Contributor Michael G. Long				Registration Number, if PAC	
Street Address 3449 River Seine St.		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 200.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43221	Form(Cash, Check, etc) check	
Full Name of Contributor Mary Ellen Fairfield				Registration Number, if PAC	
Street Address 3820 Lyon Drive		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 100.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43220	Form(Cash, Check, etc) check	
Full Name of Contributor Chris J. North				Registration Number, if PAC	
Street Address 10499 Riverside Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 100.00
City Powell		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43065	Form(Cash, Check, etc) check	
Full Name of Contributor Nelson D. Cary				Registration Number, if PAC	
Street Address 4629 Bridle Path Lane		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 25.00
City Dublin		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43017	Form(Cash, Check, etc) check	
Full Name of Contributor Portman, Foley & Flint LLP				Registration Number, if PAC	
Street Address 471 E. Broad St., Ste 1820		Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 0 6	Amount 150.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Porter, Wright, Morris & Arthur LLP				Registration Number, if PAC	
Street Address 41 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 5 0 6	Amount 300.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Christopher J. Minnillo				Registration Number, if PAC	
Street Address 1500 W. Third Ave., Ste. 400		Employer/Occupation/Labor Organization*		M D Y 0 4 1 8 0 6	Amount 100.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43212	Form(Cash, Check, etc) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 975.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee					
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP			Registration Number, if PAC		
Street Address 250 East Broad St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 9 0 6	Amount 150.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Baker & Hostetler LLP, Ohio Political Action Committee			Registration Number, if PAC OH125		
Street Address 3200 National City Center		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 300.00
City Cleveland		State O H	Zip Code 44114	Form(Cash, Check, etc) check	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
6,433.06

Total expenditures this event
1,916.94

Page Total \$ 450.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
White for Judge Committee						
Full Name of Contributor				Registration Number, if PAC		
Hans A. Schell						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
5940 N. High St.				0	5	1
City		State		8	0	6
Worthington		OH		Amount		
		Zip Code		50.00		
		43085		Form(Cash, Check, etc)		
				check		
Full Name of Contributor				Registration Number, if PAC		
Charles F. Jones						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
189 Farmwood Place				0	5	1
City		State		7	0	6
Gahanna		OH		Amount		
		Zip Code		100.00		
		43230		Form(Cash, Check, etc)		
				check		
Full Name of Contributor				Registration Number, if PAC		
Will H. Perry						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
1144 Matterhorn Dr.				0	5	1
City		State		6	0	6
Reynoldsburg		OH		Amount		
		Zip Code		50.00		
		43068		Form(Cash, Check, etc)		
				check		
Full Name of Contributor				Registration Number, if PAC		
David Grant						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
6869 Meadow Glen Dr. S.				0	5	1
City		State		6	0	6
Westerville		OH		Amount		
		Zip Code		100.00		
		43082		Form(Cash, Check, etc)		
				check		
Full Name of Contributor				Registration Number, if PAC		
Richard P. Courter						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
1072 Hillsdale Dr.				0	5	1
City		State		0	0	6
Columbus		OH		Amount		
		Zip Code		100.00		
		43224		Form(Cash, Check, etc)		
				check		
Full Name of Contributor				Registration Number, if PAC		
Reuben Harris Jr.						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
27801 Euclid Ave., Ste. 110				0	5	1
City		State		6	0	6
Euclid		OH		Amount		
		Zip Code		20.00		
		44132		Form(Cash, Check, etc)		
				check		
Full Name of Contributor				Registration Number, if PAC		
William V. Jackson						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
1272 Stone Ridge Ct				0	5	0
City		State		9	0	6
Westerville		OH		Amount		
		Zip Code		100.00		
		43081		Form(Cash, Check, etc)		
				check		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 520.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
White for Judge Committee							
Full Name of Contributor				Registration Number, if PAC			
Jeff Coleman							
Street Address	1168 Meadow Cove Place			0	5	0	50.00
City	Gahanna	State	Zip Code				
		O H	43230				
				Form(Cash, Check, etc)			
				cash			
Full Name of Contributor				Registration Number, if PAC			
Scott Dawson							
Street Address	5871 Cleveland Ave			0	5	0	50.00
City	Columbus	State	Zip Code				
		O H	43231				
				Form(Cash, Check, etc)			
				check			
Full Name of Contributor				Registration Number, if PAC			
William R. Alsnauer							
Street Address	2500 W. Dublin-Granville Rd.			0	5	0	50.00
City	Columbus	State	Zip Code				
		O H	43235				
				Form(Cash, Check, etc)			
				check			
Full Name of Contributor				Registration Number, if PAC			
Thomas K Murray							
Street Address	3050 Delta Marien Dr.			0	5	0	25.00
City	Reynoldsburg	State	Zip Code				
		O H	43068				
				Form(Cash, Check, etc)			
				check			
Full Name of Contributor				Registration Number, if PAC			
Charles L Layne							
Street Address	4498 Cemetery Rd			0	5	0	50.00
City	Hilliard	State	Zip Code				
		O H	43026				
				Form(Cash, Check, etc)			
				check			
Full Name of Contributor				Registration Number, if PAC			
Linda L Nervis							
Street Address	6160 Park Ridge Drive			0	4	2	25.00
City	Dayton	State	Zip Code				
		O H	45459				
				Form(Cash, Check, etc)			
				check			
Full Name of Contributor				Registration Number, if PAC			
Mike Carr							
Street Address	3 S. High St.			0	4	2	100.00
City	New Albany	State	Zip Code				
		O H	43054				
				Form(Cash, Check, etc)			
				check			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 350.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
White for Judge Committee							
Full Name of Contributor Suzanne Rizer		Registration Number, if PAC					
Street Address 25 E. North Broadway		Employer/Occupation/Labor Organization*		0	4	2	10.00
City Columbus		State O H	Zip Code 43214				
				Form(Cash, Check, etc) check			
Full Name of Contributor Thad T. Winston		Registration Number, if PAC					
Street Address 6810 E. Main St., Ste. 300		Employer/Occupation/Labor Organization*		0	4	2	100.00
City Reynoldsburg		State O H	Zip Code 43068				
				Form(Cash, Check, etc) check			
Full Name of Contributor John P. Nicholson		Registration Number, if PAC					
Street Address 1307 Goldsmith Dr.		Employer/Occupation/Labor Organization*		0	4	2	25.00
City Westerville		State O H	Zip Code 43081				
				Form(Cash, Check, etc) check			
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*					
City		State	Zip Code				
				Form(Cash, Check, etc)			
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*					
City		State	Zip Code				
				Form(Cash, Check, etc)			
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*					
City		State	Zip Code				
				Form(Cash, Check, etc)			
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*					
City		State	Zip Code				
				Form(Cash, Check, etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,005.00

Total expenditures this event

0.00

Page Total \$ 135.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full White for Judge Committee							
To Whom Paid WestCamp Press Inc.				M	D	Y	Amount
				0	4	1	0
				0	0	6	1,589.96
Address 39 Collegeview Rd.		Purpose Postage, inserts and address for invitations					
City Westerville	State O	H	Zip Code 43081	Check Number 1003			
To Whom Paid Staples				M	D	Y	Amount
				0	4	0	4
				0	4	6	326.98
Address 4505 Kenny Road		Purpose Card Stock for invitations					
City Columbus	State O	H	Zip Code 43220	Check Number 1002			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State	H	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		City		Street Address		Full Name of Contributor		Description of Item or Service		M		D		Y		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC		
		State		Zip Code		Employer, Occupation, Labor Organization *		Employer, Occupation, Labor Organization *		M		D		Y		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC		
		State		Zip Code		Employer, Occupation, Labor Organization *		Employer, Occupation, Labor Organization *		M		D		Y		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC		
White for Judge Committee		Columbus		4967 Smoketalk Lane		Rebecca Larson		Postage, paper and glue.		0	3	0	4	0	6	184.72						
White for Judge Committee		Columbus		233 Northbend Drive		Woody Fox, Sr.		Sponsor 3.23.06 Event		0	4	0	4	0	6	417.50						
White for Judge Committee		Columbus		35 E. Livingston Ave.		Joseph Scott (court appointed)		Paper for invitations.		0	4	0	4	0	6	87.38						
White for Judge Committee		Columbus		2731 Tally Ho		Theodore White, Jr.		Envelopes and labels.		0	4	0	4	0	6	152.58						
White for Judge Committee		Columbus		65 E. State St, Ste. 1800		Kegler Brown Hill & Ritter PAC		Sponsor 4.13.06 event		0	4	1	3	0	6	218.64						
White for Judge Committee		Columbus		35 E. Livingston Ave.		Joseph Scott (court appointed)		Partial Sponsor 4/13 event		0	4	1	3	0	6	540.43						
White for Judge Committee		Columbus		326 S. High St., Ste. 400		Murray Murphy Moul & Basil LLP		Partial Sponsor 4/13 event		0	4	1	3	0	6	500.00						
White for Judge Committee		Columbus		326 S. High St., Ste. 400		Murray Murphy Moul & Basil LLP		Partial Sponsor 4/13 event		0	4	1	3	0	6	500.00						

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